

Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 12-20-07

Address: 147 N Oak St

Case #: 45F47785

Clarksville IN

County: Clark

47129

Type of Laboratory Seizure (check one)

- Operational Lab
 Chemical/Glassware/Equipment (only)
Dumpsite (only)

Seizure Location (check all that apply)

- Residence
 Outbuilding
 Vehicle
 Hotel/Motel
Open No Structure
 Other:

Items Found: Location (bedroom, kitchen, open air, etc)

(check all that apply)

- Lithium/Ammonia Reaction(s): garage
 Red Phosphorous/Iodine Reaction(s): _____
 Flammable Solvents: _____
 Water Reactive Metal (Lithium): 8
 Anhydrous Ammonia: 2 oz
 Hydrochloric Acid Gas Generator(s): 6 jars
 Corrosive Acid: 4 gallon
 Corrosive Base: _____
 Other (item and location): Ammon Nitrate

Child under age 18 discovered (check one)

- Yes _____ (number present)
 No

*If yes, fax report to Child Protective Services

Investigative Information

- Ephedrine/Pseudoephedrine Tracking Log
 Retail/Merchant Tip
 Other: Fire fighter

This report is to be faxed to the following agencies that serve the location:

Fire Department: Clarksville FD

Fax: 812-282-7619

Health Department: Clark Co

Fax: 812-288-2711

Child Protection Service: _____

Fax: _____

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: Paul Andry

Phone 317 247 1852

** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

*** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.